

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

09/832,753

Filing Date

10 Apr 2001

First Named Inventor

Topolovac, Michael

Group Art Unit

2162

Examiner Name

Cam Y. T. Truong

Attorney Docket Number

OPEN-001

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/>

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	January 18, 2007
<b>ADDRESS FOR CORRESPONDENCE</b>	
Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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Applicant(s): Topolovac, <i>et al.</i> Application No.: 09/832,753 Filed: April 10, 2001  Title: SYSTEM AND METHOD FOR MANAGING DATA IN MULTIPLE BILLS OF MATERIAL OVER A NETWORK	Group Art Unit: 2162 Examiner: Cam Y. T. Truong
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**TRANSMITTAL: RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application. Included with the response are:

       drawing(s);

This application has:

X a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.  
       No additional fee is required.

Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:  
 one months (\$60)                     two months (\$225)  
 three months (\$510)                 four months (\$795)

If an additional extension of time is required, please consider this as a petition therefor.

Payment of the required fee(s) is being submitted by EFS Web by credit card payment.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.  
 Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

\_\_\_\_\_  
January 18, 2007  
Date

\_\_\_\_\_  
/Dov Rosenfeld/ #38687  
Dov Rosenfeld, Reg. No. 38687

Address for correspondence:  
Dov Rosenfeld  
5507 College Avenue, Suite 2,  
Oakland, CA 94618  
Tel. 510-547-3378; Fax: +1-510-291-2985

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